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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* EDB

\*\* FOREIGN APPLICATIONS \*\*\*\*\* EDB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 6	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>E. R. S.</u> Initials: <u>EDB</u>				

## ADDRESS

22971

## TITLE

Recall device

<b>FILING FEE RECEIVED</b> 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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